

*Ed Miller*PRINTED: 07/16/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL063022	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/25/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOX HOLLOW SENIOR LIVING COMMUNITY

190 FOX HOLLOW
PINEHURST, NC 28374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments Report of a Follow-Up Construction Survey by Ed Miller June 25, 2015. The following deficiencies cited during the January 22, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction.	(C 000)	<p>CONSTRUCTION SECTION</p> <p>AUG 18 2015</p> <p>RECEIVED</p> <p><i>See Attached Form</i></p>	
(C 199)	Exhaust Ventilation SECTION .03C0 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing methods, the facility has failed to provide mechanical exhaust to exhaust fumes and odors out of the building. Findings on June 25, 2015: a- There are either no exhaust fans or the exhaust fans are not working in the following locations to include but not limited to: 1- Maintenance Room	(C 199)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michelle Banks Ed

7-29-15

STATE FORM

0999

JKKH22

If continuation sheet 1 of 2

Division of Health Service Regulation

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{C 199}	Continued From page 1 3- Janitoria Room next to front Stairwell	{C 199}	CONSTRUCTION SECTION AUG 18 2015 RECEIVED	

C 199 Exhaust Ventilation

Based on observation and testing methods community failed to provide mechanical exhaust to exhaust fumes and odors out of the building. There were either no exhaust fans or the exhaust fans were not working properly in the Maintenance Room and the Janitorial Room next to the front stairwell. Exhaust fans have been replaced as of July 13, 2015.

Going forth ED or designee will monitor the exhaust fans on a weekly basis to ensure that they are working properly.

Completion Date: July 13, 2015.